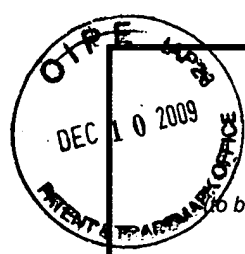


12-14-09

AF/ITW



# TRANSMITTAL FORM

to be used for all correspondence after initial filing)

<b>Total Number of Pages in This Submission</b>	<b>Application Number</b>	10/665,440	
	<b>Filing Date</b>	September 17, 2003	
	<b>First Named Inventor</b>	SKINLO, David M.	
	<b>Group Art Unit</b>	1795	
	<b>Examiner Name</b>	LEE, Cynthia	
		<b>Attorney Docket Number</b>	Q137-US7

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Authorized  Amendment with Attachment  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application)	After Allowance Communication to Group
	Drawing(s)	Appeal Communication to Board of Appeals and Interferences
	Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
	Petition to Convert to a Provisional Application	Proprietary Information
	Power of Attorney, Revocation Change of Correspondence Address	Status Letter
	Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
	Request for Refund	<input checked="" type="checkbox"/> Appeal Brief
	CD, Number of CD(s) _____	<input checked="" type="checkbox"/> Declaration
	Remarks	

<b>Customer Number or Bar Code Label</b>	31815 (Insert Customer No. or Attach bar code label here)
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The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 12/10/2009

By:   
Travis Dodd  
Attorneys for Applicant(s)  
P.O. Box 923127  
Sylmar, CA 91392-3127

Phone: (818) 833-2003  
Fax: (818) 833-2065

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail  
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: \_\_\_\_\_

<b>Typed or printed name</b>	TRAVIS DODD		
<b>Signature</b>		<b>Date</b>	



PATENT  
Q137-US7

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

SKINLO, David M.

Serial No: 10/665,440

Filed: September 17, 2003

For: ELECTRIC STORAGE BATTERY  
CONSTRUCTION AND METHOD OF  
MANUFACTURE

Art Unit: 1795

Examiner: LEE, Cynthia

CERTIFICATE OF MAILING VIA EXPRESS MAIL (37 CFR 1.10)

Express Mail No.: EM248393721US

Dated: December 10, 2009

Mail Stop Appeal Brief - Patents

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

I hereby certify that the following attached documents are being deposited with the United States Postal Service for "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to Mail Stop Appeal Brief - Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1. Transmittal Letter (1 page)
2. Fee Transmittal Letter (1 page)
3. Appellant's Brief (14 pages)
4. Petition for Extension of Time (1 page)
5. Form PTO-2038, credit card authorization (1 page)
6. Declaration by Lisa Robbins (2 pages)
7. Appendix A (21 pages)
8. Self addressed stamped postcard (1 page)

December 10, 2009

Date of Deposit

Lisa K. Robbins

Name of Person Mailing paper or fee

Signature



## FEE TRANSMITTAL

Attorney Docket No.	Q137-US7
First Named Inventor:	David Skinlo et al.
Application Number	10/665,440
Filing Date:	September 17, 2003
Examiner Name:	LEE< Cynthia
Group/Art Unit:	1795

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$825.00</b>
<b>METHOD OF PAYMENT (check One)</b>	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:  Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC  <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17  2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other – Credit Card

### 2. UTILITY Basic Filing Fee & Claims


(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$330.00	\$165.00	\$0.00
Total Claims	14 - 20 =	0	X \$52.00	X \$26.00	\$0.00
Independent Claims	1 - 3 =	0	X \$220.00	X \$110.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$390.00	\$195.00	\$00
<b>Total of above Calculations =</b>					<b>\$0.00</b>

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$220.00	\$110.00	\$0.00
Reissue filing fee	\$330.00	\$165.00	\$0.00
Provisional filing fee	\$220.00	\$110.00	\$0.00
<b>Total of above Calculations =</b>			<b>\$0.00</b>

### 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Notice of Appeal	\$	\$270.00	\$270.00
3 Month Extension of Time	\$	\$555.00	\$555.00
	\$	\$	\$
<b>TOTAL:</b>			<b>\$825.00</b>

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	12/10/2009